

APPLICATION DIVISION DATA BASE ROUTING SLIP

TO: APPLICATION DIVISION
SPECIAL PROCESSING AND CORRESPONDENCE BRANCH
CP2-7C10 (PALM LOC. 0380)

FROM:

GROUP OR OFFICE	PALM LOC CODE	DATE FORWARDED	APPLICATION SERIALS NO.
1648			09/497,997
PERSON TO CONTACT Stacy Chen (Brown)	FOR AN INQUIRY ON THIS CORRECTION (AFTER 5 WORKDAYS)	PHONE TEAM V 308-3610	
PHONE NO. 308-2361			

CORRECTION REQUIRED:

See correction on Bib. Data Sheet re: inventor's name

SBC 7/15/03

7/18/03

FOR APPLICATION DIVISION USE:

DATE RECEIVED: _____

DATE RETURNED: _____

PROCESSED BY: _____

DATE THE CORRECTED RECEIPT MAILED: _____

COMMENTS:

APPLICATION DIVISION DATA BASE,ROUTING SLIP

TO: APPLICATION DIVISION
SPECIAL PROCESSING AND CORRESPONDENCE BRANCH
CP2-7C10 (PALM LOC. 0380)

FROM:

GROUP OR OFFICE 1648	PALM LOC CODE	DATE FORWARDED	APPLICATION SERIALS NO. 09/497,997
PERSON TO CONTACT Stacy Brown	FOR AN INQUIRY ON THIS CORRECTION (AFTER 5 WORKDAYS) PHONE TEAM V 308-3610		
PHONE NO. 308-2361			

CORRECTION REQUIRED:

See correction on Bib. Data Sheet re: title
and Foreign Applications data

FOR APPLICATION DIVISION USE:

DATE RECEIVED: _____

DATE RETURNED: _____

PROCESSED BY: _____

DATE THE CORRECTED RECEIPT MAILED: _____

COMMENTS:

✓ title
✓



Commissioner for Patents
Washington, DC 20231
www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 8156

SERIAL NUMBER 09/497,997	FILING DATE 02/04/2000 RULE	CLASS 424	GROUP ART UNIT 1648	ATTORNEY DOCKET NO. 0660-0166-OX- CONT
APPLICANTS Theresa Ternynck, Paris, FRANCE; Alexandre Avrameas, Vitry Sur Seine, FRANCE; Gerard Buttin, Paris, FRANCE; Straitis Avrameas, Paris, FRANCE; Marie-Francoise Saron, Paris, FRANCE; Bruno Blondel, Bures Sur Yvette, FRANCE; Theresa Couderc, Paris, FRANCE; Susan Michelson, Noisy, FRANCE; Donato Zipeto, Paris, FRANCE; ** CONTINUING DATA ***** This application is a CON of PCT/FR98/01740 08/04/1998 ** FOREIGN APPLICATIONS ***** FRANCE 9709972 08/04/1997 IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 04/02/2000				
Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY FRANCE	SHEETS DRAWING 16	TOTAL CLAIMS 1
Verifier and Acknowledged Examiner's Signature	Initials	INDEPENDENT CLAIMS 1		
ADDRESS 22850				
TITLE SINGLE-CHAIN ANTIBODY FRAGMENTS FOR TRANSFERRING SUBSTANCES INTO CELLS				
FILING FEE RECEIVED 1768	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		